

WEATHERIZATION ENERGY ASSISTANCE BLOCK GRANT PARTICIPANT ASSESSMENT APPLICATION

HW 0478
REVISED 10/2001

Social Security Number:			CAP	SAT	Application Date:		(OFFICE USE ONLY) BENEFIT AMT \$ DENIAL CODE
Last Name:			First Name:			M.I.:	
MAILING Address:							
City:			State:		Zip Code: -		T O N E
RESIDENT Address:							
City:			State:		Zip Code: -		
County:		Code:	Home Phone: ()		Other Phone: ()		
Vendor Code:	Fuel Supplier:			Account Number:			Consumption Cost: \$

Household Members	Applicant				
Relationship	1				
Date of Birth					
Soc. Sec. Number					
Race					
Citizen					
Disabled					
Gender					
SSI					
Social Security					
TAFI					
Food Stamps					
Farm Worker					
Education					
Employment					
Veteran					
Health Insurance					
Homeless					

3 Month Total Gross Income: \$ _____ **Number in Household:** _____ **Number in EA Household:** _____

Target: YES / NO **Referral:** YES / NO **Referral Resource:**

- | | | | | | | |
|---|---|---|---|---|--|---------------------------------------|
| 1) Been Wx by Agency?

1. Y 2. N | 2) Agree to Wx Audit?

1. Y 2. N | 3) Living Arrangements
1. Own Home
2. Rent / Lease
3. Other | 4) Heat Included in Rent?

1. Y 2. N | 5) Rent Subsidized?

1. Y 2. N | 6) Rent Amount?

\$ _____ | 7) Energy Ed?

1. Y 2. N |
|---|---|---|---|---|--|---------------------------------------|
- | | | | |
|--|--|---|--|
| 8) Housing Type
1. Mobile Home
2. Single Family
3. Multi (1 - 3)
4. Multi (4 +) | 9) Primary Heat
1. Oil / Propane
2. Natural Gas
3. Electricity
4. Wood
5. Coal | 9a) Secondary Heat
1. Oil / Propane
2. Natural Gas
3. Electricity
4. Wood
5. Coal | 10) Family Type
1. Sngl Parent / Female
2. Sngl Parent / Male
3. Two Parent HH
4. Sngl Person
5. Two Adult / no children
6. Grandparents / Grandchildren
7. Two Adult/Children
8. Other |
|--|--|---|--|

SOURCE OF INCOME	Applicant Income (3 months)	Spouse / Other Household Income (3 months)	3 MONTHS - TOTAL GROSS INCOME
Employment	\$	\$	\$
TAFI	\$	\$	\$
SSI / AABD	\$	\$	\$
Social Security	\$	\$	\$
Self Employment	\$	\$	\$
Disability Benefits	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Child Support	\$	\$	\$
Interest Income	\$	\$	\$
Other (List: _____)	\$	\$	\$
3 Months Total Gross Income	\$	\$	\$
	3 MONTH TOTAL HOUSEHOLD GROSS INCOME		\$

COMMENTS:	OTHER INFORMATION: Landlord: Address: Landlord Phone:
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ZERO INCOME DECLARATION: I DECLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO THE PREVIOUS 3 MONTHS. I understand that willful misrepresentation and/or concealment of facts can result in criminal and civil penalties. My household basic living needs for the previous 3 months have been met by (Give brief explanation):

Shelter: _____ Food: _____ Utilities:

SIGNATURE:

OUTREACH / HOMEBOUND USE ONLY

I have personally reviewed the following household documentation as part of outreach intake: ☐ Wage Stubs ☐ DHW Notice ☐ Unemployment Compensation ☐ SS/SSI Verification ☐ Tax Records ☐ Other ☐ Employer Verification

I (we) certify that the information provided in this application is true and accurate. I give my permission to the Department to verify and/or release this information to any appropriate organization necessary to provide my household with assistance. I understand that willful misrepresentation and/or concealment of facts on this application can result in criminal and civil penalties.

Signature of Participant	Date

Signature of Agency Representative	Date
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State of Idaho - Department of Health and Welfare

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Last name:		First Name:		M.I.:		
MAILING Address:						
City:		State:	Zip Code: -			
RESIDENT Address:						
City:		State:	Zip Code: -			
County:	Code:	Home Phone: ()		Other Phone: ()		
Vendor Code:	Fuel Supplier:			Account Number:		

This eligibility notice is based on household information as stated on your Participant Assessment Application. Receipt of Services is contingent upon sufficient information and available resources. The participant information obtained from TAFI Assistance, Medicaid and Food Stamps was assessed solely to determine eligibility for these services. You may be subject to criminal penalties and your eligibility re-determined for misrepresentation and/or concealment of pertinent household facts.

DENIAL CODES

1. Your three month income exceeds the eligibility guidelines.
2. You are living in an ineligible institution.
3. You are living in subsidized housing and your heat is included in your rent payment.
4. You are not a legal U.S. resident.

SOUTHERN IDAHO COUNTIES	ADA, ELMORE and OWYHEE	BENEWAH, BONNER, BOUNDARY, KOOTENAI and SHOSHONE	CLEARWATER, IDAHO, LATAH, LEWIS and NEZ PERCE
Idaho Migrant Council 317 Happy Day Blvd., Suite 350 Caldwell, ID 83607 Phone: (208) 454-1652 Toll Free: 1-800-787-7863	El-Ada, Inc. 701 E. 44th St. #1 Boise, ID 83714 Phone: (208) 377-0700	Community Action Agency 4942 Industrial Avenue East Coeur D=Alene, ID 83814 Phone: (208) 664-8757 Toll Free: 1-888-725-3663	Community Action Agency 124 New 6th Street Lewiston, ID 83501 Phone: (208) 746-3351 Toll Free: 1-800-326-4843
CANYON, PAYETTE, ADAMS, GEM, BOISE, VALLEY and WASHINGTON	PAYETTE	ADAMS, CANYON, GEM, BOISE, VALLEY and WASHINGTON	BLAINE, CAMAS, CASSIA, GOODING, JEROME, TWIN FALLS, LINCOLN and MINIDOKA
Canyon County Organization on Aging 304 N. Kimball Caldwell, ID 83605 Wx Phone: (208) 459-0065	Western Idaho Community Action Program 315 S. Main Payette, ID 83661 Phone: (208) 642-9086 or (208) 642-4436	Western Idaho Community Action Program ADAMS (208) 253-4300 CANYON (208) 454-0675 GEM/BOISE (208) 365-3116 VALLEY (208) 382-4577 WASHINGTON(208) 549-2066	South Central Community Action Agency 726 Shoshone Street West P.O. Box 531 Twin Falls, ID 83303-0531 Phone: (208) 736-0676 Toll Free: 1-800-627-1733
BONNEVILLE, BUTTE, CLARK, FREMONT, JEFFERSON, MADISON and TETON	LEMHI and CUSTER	BANNOCK, BINGHAM and POWER	FRANKLIN, BEAR LAKE, ONEIDA and CARIBOU
Eastern Idaho Special Services Agency 357 C Street P.O. Box 51098 Idaho Falls, ID 83405-1098 Phone: (208) 522-5391 Toll Free: 1-800-632-4813	Eastern Idaho Special Services Agency 612 Main Street P.O. Box 716 Salmon, ID 83467 Phone: (208) 756-3999 Toll Free: 1-800-359-9163	Southeastern Idaho Community Action Agency 825 East Bridger Pocatello, ID 83201 BANNOCK (208) 233-7348 BINGHAM (208) 785-1583 POWER (208) 226-7330	Southeastern Idaho Community Action Agency 159 South Main, Room 102 P.O. Box 1002 Soda Springs, ID 83276 CARIBOU and BEAR LAKE (208) 547-4257 ONEIDA (208) 766-2737 FRANKLIN(208) 852-1515

NONDISCRIMINATION

If you believe you have been discriminated against because of race, color, sex, handicap, national origin, religious creed, political belief, you can file a complaint. Complaint forms are available from the address listed below or at the assistance provider listed above.

DEPARTMENT OF HEALTH AND WELFARE
CIVIL RIGHTS AFFIRMATIVE ACTION SECTION
P.O. BOX 83720
BOISE, ID 83720-0036

YOUR RIGHTS

If your application for assistance is denied, you will be notified in writing of the reason for the denial. If you are dissatisfied with this decision or feel you have been discriminated against in any way, you have thirty (30) days from the date the notice is mailed in which to request a fair hearing. If you file a fair hearing, you will have a right to find out if your eligibility for LOW INCOME ENERGY ASSISTANCE, WEATHERIZATION ASSISTANCE AND COMMUNITY SERVICES BLOCK GRANT was incorrectly determined according to State and Federal law and policy.